RECREATION DEPARTMENT
CITY OF WILLIAMSPORT

Summer Camp Program Ages 6-12

Please Print Clearly. Please complete all blanks on this form. If there are any blanks this form will not be accepted, please write N/A in any blank that does not apply. We are unable to provide care until all paper-work has been submitted. Camp is available on a first come first save basis. If an application is submitted after the cutoff quantity, they will be moved to a waiting list. If you have any questions please contact the **Recreation Department.** Please print completed registration form and return to Recreation Department.

In the event of inclement weather parents will be called to pick up their child(ren) in a timely manner.

Due to budget constraints, the City of Williamsport will not be providing for Summer Camp this year. Please make sure your child comes to camp each day with a packed bag lunch.

Child's Information: **Camp Dates**: June 7, 2027– August 13, 2027 **Camp Time**: 9AM– 4PM M-F

Child's full name			Nickname
Address			
City	State	Zip	Home Phone
School	Grade Entering	Age	Date of Birth
Other Schools/ Programs Concurrently Attending			Gender

Parent/Guardian and Medical Information: In the event of an emergency, please number, in of priority (1-6) , which phone to contact

Parent/Guardian name		Date of Birth	Cell phone/ Pager	Priority
Address				
City	State	Zip	Home Phone	Priority
Place of Employment			Work phone	Priority

Parent/Guardian Name		Date of Birth	Cell Phone /Pager	Priority
Address			Relationship	
City	State	Zip	Home Phone	Priority
Place of Employment			Work phone	Priority

Doctor's Name	Doctor's phone
Medical Insurance	Policy #

Emergency names, addresses and phone numbers of TWO people to be called in the event that we cannot reach either Parent/ Guardian:

Emergency Contact Name			Cell Phone/Pager	
Address			Relationship	
City	State	Zip	Home Phone	Priority

Emergency Contact Name			Cell Phone/Pager	
Address			Relationship	
City	State	Zip	Home Phone	Priority

* **Authorized Person for pick-up must be added (in addition to parents and emergency contacts)**

_____

* Person(s) **NOT** authorized for pick-up (appropriate legal paperwork must be on file when the custodial parent requests not to release the child to the other parent)

_____

Summer Camp Health Form

Does your child have any allergies/or intolerances to food, medication or any other substances? What are the symptoms and action to be taken if any? _____ _____ _____
Please provide information on chronic physical problems and pertinent developmental information and any special accommodations needed. Attach additional sheets if necessary. _____ _____ _____

The Recreation Department will not administer any medication. If your Child has a required time for medication a staff member will oversee this action.

Please note the times to take medication and also provide the medication in an original pharmacy filled container whose label will clearly indicate the physician's instructions. **Please only bring daily dosage**, the Recreation Department will not be responsible for any lost or missing medication.

Medication information:	**Time to take medication:**

This medication information is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Parent/Guardian Signature:	**Date:**

Parent Statement of Understanding

The following is important for the safety and protection of your child. Please read this information initial each line & sign below.

_____• I understand that my child will not be released to any person(s) not listed on the enrollment form.

_____•I understand that child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.

_____•I understand that I am not to leave my child at a program site unless a staff member is there to receive and supervise my child.

* _____•I understand it is my responsibility to sign my child in and out of camp unless authorized to walk. **Sign-in/ sign-out sheets are available as you arrive at the program area.**

* _____•I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my Child must be listed on this form. Authorization by telephone will not be accepted.**

_____•I understand that the Recreation Department is mandated to report any suspected cases of child neglect or abuse to the appropriate authorities for investigation.

_____•I understand that the Recreation Department staff are not allowed to babysit or transport children at any time outside the program site facilities. If a violation of this policy is discovered, the Recreation Department will take immediate disciplinary action toward staff.

I have read and understand the statements above regarding the Recreation Department policies and procedures.

Parent/Guardian Signature:	**Date:**

Authorized to walk: By signing below, I authorize my child to sign themselves in and/or out as needed, and that they are authorized to walk to and from the program without supervision. **Please write N/A if they are not allowed to sign in/out and walk home.**

Parent/Guardian Signature:	**Date:**

Statement of Authorization

1) My child has permission to be transported by a River Valley Transit Vehicle and Participate in the Recreation Department programs and activities and related field trips.

* 2) My child has permission to participate in swimming activities. **Yes:____ No:___.** A swim test will be held the first week of camp to ensure they are at the right level. Assess your child's swimming abilities here:
The Recreation Department reserves the right assess your child before any swimming activities

☐ NON-SWIMMER (unable to swim/ no swimming lesson) ☐ INTERMEDIATE SWIMMER (average swim ability)

☐ BEGINNER SWIMMER (some limited swim instruction) ☐ ADVANCE SWIMMER (skilled swimmer)

3) In the case that your **child becomes sick** during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parent or guardian to arrange for the child to be picked up from the program site as soon as possible.

4) In the event that your camper or anyone in the household of the camper develops a disease as defined by the State Board of Health, it is the responsibility of the parents/ guardians to notify the Recreation Department within 24 hours of the next business day in order for the Recreation Department to take proper action, except in event of a life-threatening disease which must be reported immediately.

5) My signature authorizes the management and staff of the Recreation Department of Williamsport to act for me to their best judgment in the case of a **medical emergency or routine medical** care. I grant permission for emergency medical or routine medical care by the Recreation Department staff, rescue squad, or hospital and emergency care facility staff, under the same circumstances as above, if needed. Any action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases the Recreation Department from any and all liability or financial responsibility for any medical expenses incurred.

6) The parent/guardian authorizes the application of **sunscreen** for his or her child by the Recreation Department staff, sunscreen must be provided by parent (please note any sensitivities to sunscreen of which you may be aware and the brand).

_____

7) The parent/guardian authorization of **insect repellent** for his or her child by Recreation Department staff, insect repellent must be provided by parent (please note any sensitivities to insect repellent of which you may be aware and the brand).

_____

By signing below, you are authorizing <u>All</u> for the above

Parent/Guardian Signature:	**Date:**

Recreation Department- Camp Registration Form

Camper's name:	
Start date:	End date:

Summer Camp Registration: June 7th 2027– August 13th 2027

Title of camp Location **Memorial Park**	Week	Camp fee	Paid Admin only	Date Admin only	Initial Admin only
Attending:____ Not Attending:____Vacation:_____	June 7 - 11	$50/Per Child			
Attending:____ Not Attending:____Vacation:_____	June 14 - 18	$50/Per Child			
Attending:____ Not Attending:____Vacation:_____	June 21 - 25	$50/Per Child			
Attending:____ Not Attending:____Vacation:_____	June 28 - July 2	$50/Per Child			
Attending:____ Not Attending:____Vacation:_____	July 5 - July 9	$50/Per Child			
Attending:____ Not Attending:____Vacation:_____	July 12 - 16	$50/Per Child			
Attending:____ Not Attending:____Vacation:_____	July 19 - 23	$50/Per Child			
Attending:____ Not Attending:____Vacation:_____	July 26 -30	$50/Per Child			
Attending:____ Not Attending:____Vacation:_____	August 2 -6	$50/Per Child			
Attending:____ Not Attending:____Vacation:_____	August 9 -13	$50/Per Child			
	ALL Nine 10) WEEKS	$500 TOTAL/Per Child			

* **Weekly payments are due the Monday prior to your child(ren) attending camp. There will be no acceptations to this payment schedule. If payment is not received, your child(ren) cannot attend until payment is paid.**

Total Camp fee: $500.00 or $50/ Per Child Per Week	**Payment of all Ten weeks up front: $450.00/per child (one week FREE)**
Late pick up fee: $10/Per Child, for every 10 minutes	**Due to inclement weather, money will be used for the following week, 1 day = $10, 2 days= $20, etc.**

Parent/Guardian Signature:	**Date:**

Payment options: Check, Money Order,

☐ pay camp fees in full at the time of registration

☐ pay camp fees weekly

All forms must be returned before the start of the camp to: Recreation Department

1550 West Third Street Williamsport, Pa 17701

All camp fees include activities, pool admittance, and transportation, but do **NOT** include lunch/ snacks, sunscreen, insect repellant, water bottle, lunchbox, clothing or footwear.

Some additional fees may be required for specific field trips (bowling, movies, etc.)

Behavior Agreement

At the Recreation Department we take pride in your child's happiness. We want every day to become a memory for them. Therefore, we work to create an environment that will allow this to happen. Along with our efforts, we need the children to help create that environment by following our simple rules. Below is our Behavior Agreement, please read over it with your child and make sure they understand what is being said and why they are signing it. This will help them have the best time with Recreation Department's Summer Camp.

- I will listen to staff and follow all directions.
- I will not hit or fight others including staff members.
- I will respect other people's belongings by not using or touching their stuff without asking.
- I will not yell while inside the campsite building and will use an inside voice.
- I will use appropriate language. Which does not include swear words or offensive language.
- I will respect other people's feelings.
- Before leaving the room/site area, I will ask a staff member for permission.
- I will not bring items from home such as phones, squishes, basketballs, Pokémon cards, etc.

Not abiding by the rules above can result in suspension from the program. All incidents will be handled on a # incident system, except **fighting and hitting.** Fighting and hitting will be an immediate suspension from all programs. All other incidents will be handled as follows:

1st incident: **Verbal warning/ written warning**
2nd incident: **Parent meeting/ 1 day suspension**
3rd incident: **1 week suspension**

After 3 written warnings during a day/weeks' time your child may be asked to leave the program for a week suspension, however should circumstances warrant your child may be permanently asked to leave the program for the remainder of the summer.

Parent/Guardian Signature:	**Date:**
Campers Printed Name:	**Date:**

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Summer Camp Refund & Weather Cancellation Policy

The Williamsport Recreation Department is committed to providing a safe, fun, and enjoyable summer camp experience. Because our Summer Camp is primarily an outdoor program, weather conditions may occasionally require schedule changes or cancellations.

Weather Cancellations

- Summer Camp may start late, close early, or be canceled for the day because of severe weather or unsafe outdoor conditions. These conditions may include but are not limited to:
  - Thunderstorms or lightning
  - Heavy rain or flooding
  - Extreme heat or other hazardous weather conditions
  - Any other situation deemed unsafe by Recreation Department
- The safety of our campers and staff will always be our highest priority. Decisions about delays, early closings, or cancellations will be made as early as possible. Parents will be notified through the Recreation Department's communication channels.

Refund & Credits Policy

- **No refunds** will be issued for individual camp days canceled under this policy or for other circumstances outside the Recreation Department's control. If a camp day is canceled, the amount paid for that day will be available to be credited toward the next week of camp. For example, if the weekly fee is $50 and camp is canceled on Monday because of bad weather, a $10 credit will be applied to the next week. The fee for that next week would then be $40. If a camper is not enrolled for the following week, the credit may be used toward any later week of Camp during the same summer.
- The Recreation Department may consider a refund if it cancels the summer camp program because of extraordinary circumstances. This applies only to families that paid the full camp fee before camp began.
- Families are not eligible for a refund if a camper withdraws after camp begins. The Recreation Department may approve a refund for a documented emergency or medical emergency.

We appreciate your understanding and cooperation. While weather is beyond our control, our staff is committed to making every effort to provide a safe, positive, and memorable summer camp experience for every child.

Thank you,

Recreation Coordinator
Williamsport Recreation Department

The Recreation Department
PARICIPANT WAIVER FORM

ACKNOWLEDGMENT

I acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the Recreation Department programs, events, or any other activities, which may result from unavoidable accidents or injuries. I understand that the Recreation Department and its employees assume no responsibility for loss, damage, illness or injury to person or property that my child(ren), if applicable, may sustain as a result of my or their physical condition or resulting from their participation in any programs, event, field trips, water front and pool activities, or activities at or sponsored by Recreation Department of Williamsport. I expressly acknowledge, on behalf of my minor child(ren), heirs and executors, that I voluntarily assume the sole risk any and all dangers, illness and personal injuries that my minor child(ren) participation in any programs/events/activities while at the Recreation Department and/or sponsored by the Recreation Department.

I also acknowledge that the Recreation Department often uses photographs, videotapes, television, programs, motion pictures, tape recording, or other similar media for promotional purposes. I hereby consent to the use of my minor child(ren)'s name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my minor child(ren)'s name(s) likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media. * Initial:_____

RELEASE

In consideration of the Recreation Department allowing my minor Child(ren) to attend and/or participate in any programs, events or other activities at the Recreation Department and/or sponsored by the Recreation Department, I hereby, for my minor child(ren), heirs, and executors, waive, release and forever discharge the Recreation Department and its employees, agents, representative, successor and sustained and assigns, from and against any and all rights and claims for any loss, damage illness or injuries to person or property sustained as a result my child(ren)'s attendance and/or participation in any such programs, events, or any activities, whether or not such loss, damage or injury results from the negligence of the Recreation Department and its employees, agents or representatives or from some other cause. My agreement to release the Recreation Department does not include any loss, damage or injury that results from the Recreation Department gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, or other use of my minor child(ren) name(s) and/or likeness (es), including any written article, script, caption or other writing that may accompany such use of my minor child(ren)'s or release and forever discharge the Recreation Department and its employees, counselors, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my child(ren)'s name(s) and/or likeness(s) in any such materials. * Initial:_____

INDEMNIFICATION

I hereby represent and warrant to the Recreation Department that I have the authority to execute this participant waiver form on behalf of minor child(ren)'s as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the forgoing warranty by me. Or in the event that my minor child(ren) or any other person nevertheless asserts any claim against the Recreation Department arising out my minor child(ren)'s participation in any program, event or any other activity as se forth herein, I agree to indemnify, hold harmless and defend the Recreation Department from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness, or injury results from the negligence of the Recreation Department or from some other cause. * Initial:_____

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this participant waiver form.

Parent/Guardian Signature:	**Date:**
Name(s) and Age(s) of Participant(s):	**Date:**